

2005-2006

GIC Benefit Decision Guide



for
RETIREES &
SURVIVORS

Changes Effective July 1, 2005



**Commonwealth of Massachusetts
Group Insurance Commission**

*Your
Benefits
Connection*



THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE DEPARTMENT

STATE HOUSE • BOSTON 02133

(617) 725-4000

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR



Spring 2005

Dear Friends:

These days health care has become a prominent item on every agenda. From trying to find ways to cover the uninsured to implementing the new Medicare prescription drug benefits, there is a great deal of attention on health care issues in my Administration and across the nation.

Public employees and retirees covered by the Group Insurance Commission (GIC) enjoy comprehensive coverage, including a wide selection of plans that already cover prescription drug benefits. However, even these well-established programs are threatened by the rising cost of health care. The GIC is working hard to maintain excellent programs without letting costs get out of hand. They will only succeed if you participate by using the system prudently, and availing yourselves of the information the GIC provides to help you make wise health care choices.

I encourage you to read these materials carefully. Think about what you and your family need in the way of health care and other benefits described in this **2005-2006 Benefit Decision Guide**. I urge you to be open to the new ways in which the GIC is offering some of its benefits and to take note that each selection has different cost implications.

Thoughtfully review this guide, attend a health fair, read the *For Your Benefit* newsletter and utilize the GIC website. The only way the GIC can continue to succeed in providing comprehensive benefits at a reasonable cost is if you become a more active participant, spending health care dollars wisely and becoming an informed health care consumer.

I wish you and your family a safe and healthy year.

Sincerely,

A handwritten signature of Mitt Romney in cursive script.

Mitt Romney

How to Use This Guide

All enrollees should read:

Your responsibility as an enrollee	2
Changes in choosing and using health care . . .	3
Benefit changes effective July 1, 2005	4
Medicare health plan rates effective July 1, 2005	6
Non-Medicare health plan rates effective July 1, 2005	7
Dental and life insurance rates effective July 1, 2005	8
RMT life insurance rates effective July 1, 2005	9
RMT health plan rates effective July 1, 2005 . .	10
Leapfrog hospital report card	11

Options during annual enrollment:

Annual enrollment overview	13
How to choose a health plan	14

Find out about your Medicare health plan options:

Prescription drug benefits	15
Is the Medicare plan available in your area?	16
Medicare and your GIC benefits	17
Benefits-at-a-glance: Medicare plans	18
Benefits-at-a-glance: Commonwealth Indemnity Medicare (OME) Plan mental health-substance abuse	20
Commonwealth Indemnity Medicare Extension (OME) Plan prescription drug benefits	21

Find out about your Non-Medicare health plan options:

Prescription drug benefits	15
Benefits-at-a-glance: Indemnity plans' and Tufts Navigator's mental health-substance abuse	20
Indemnity plans' prescription drug benefits	21
Is the Non-Medicare plan available in your area?	22
Benefits-at-a-glance: Commonwealth Indemnity and PLUS plans	23
Benefits-at-a-glance: Non-Medicare PPO and POS-type plans	24
Benefits-at-a-glance: Non-Medicare HMOs . .	26

Find out about other benefit options:

Life Insurance	28
LifeBalance®	28
GIC Retiree Dental Plan	29
GIC Retiree Vision Discount Program	29
Health Insurance Buy-Out Option	29

Resources for additional information:

Audio tape for visually impaired	30
¿Necesita más ayuda?	30
需要進一步的協助嗎?	30
Cần được giúp đỡ thêm?	30
Website	30
Health fair schedule	31
GIC Plan contact information	32
Glossary	33



This symbol
indicates a Select
& Save Plan



Pay special attention
to the sections
throughout this guide

*The Benefit Decision Guide is not a benefit handbook.
It is an overview of GIC benefits and should be used as a guide.*

Annual Enrollment Forms are due to the GIC by May 13, 2005
Changes go into effect July 1, 2005



GIC Enrollees **MUST** Notify The GIC When Their Personal Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for health care services provided to you or a family member. Please write to the GIC if any of the following changes occur:

- Marriage
- Court-ordered coverage decisions
- Divorce
- Remarriage of an insured
- Remarriage of a former spouse
- Dependent turning 19 years old
- Student dependent 19 and over graduating, withdrawing from school, or changing from full-time to part-time status
- Marriage of a dependent
- Termination of a dependent's student status
- Death of an insured
- Death of a covered spouse or dependent
- Birth of a child
- Adoption of a child
- Legal guardianship of a child

You may have personal financial responsibility associated with the lack of timely notification.



GIC Q&A

Q *I'm turning age 65; what do I need to do?*

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible and if you are retired, you must enroll in Medicare Parts A and B to continue coverage with the GIC. See the Medicare section of this guide for your health plan options.

Q *I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?*

A Your spouse should call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible, he/she must enroll in Medicare Parts A and B to continue coverage with the GIC. See the under/over age 65 section on page 17 for health plan combination options.

Q *If I die, is my surviving spouse eligible for GIC health insurance?*

A If you (the state retiree) have coverage through the GIC at the time of your death and if you and your spouse are not divorced or legally separated, your surviving spouse is eligible to continue his/her GIC health insurance coverage until he/she remarries or dies. Your surviving spouse must apply for survivor spouse coverage, as it is not an automatic benefit. To apply, your surviving spouse must contact the GIC. Upon approval, the GIC will directly bill your surviving spouse for his/her share of the health insurance premium.

See the GIC's website for other common GIC questions and answers:
www.mass.gov/gic

Changing How We Choose and Use Health Care

The Problem

Health care costs continue to skyrocket, and the GIC's costs are no exception. The GIC's expenditures are getting close to the \$1 billion mark when all our costs are combined. As a state agency, we must do our part to help address the state's fiscal problems, particularly where the Commonwealth has other important obligations – providing health care for the uninsured, aid to cities and towns, and education funding, to name just a few.

The Opportunity

While health care trends continue to soar, the quality of medical care and the incidence of medical errors are also serious concerns. The Institute of Medicine has issued several reports about the state of health care delivery, finding a disturbingly high rate of hospital deaths due to preventable medical errors and health care providers' widely inconsistent treatment of patients. A RAND study published in 2003 found that fewer than 55% of patients receive care that meets the standards of quality medical care.

The GIC has been on the forefront, statewide and nationally, in efforts to improve patient safety. However, the GIC and other health care parties – purchasers, plans, and providers – cannot make progress in reducing errors and improving health care quality unless patients themselves become informed and involved. To that end, we introduced the Clinical Performance Improvement (CPI) Initiative, offering some new Non-Medicare health plans and plan designs that encourage enrollees to select cost-effective, quality providers.

Select & Save!

Plans that have implemented some aspects of our CPI Initiative by offering tiered hospital



networks are designated throughout this *Benefit Decision Guide* and our other annual enrollment materials with a Select & Save logo. The logo tells you that the particular plan gives you a co-pay incentive for choosing its cost-effective quality hospitals and selective networks. Non-Medicare Select & Save plans for FY06 include:

- Commonwealth Indemnity Community Choice Plan
- Commonwealth Indemnity Plan PLUS
- Fallon Community Health Plan Direct Care
- Health New England
- Navigator by Tufts Health Plan

Most other Non-Medicare GIC plans will become Select & Save plans next year.

Your Role

Please carefully review this *Benefit Decision Guide*. The first ten pages let you know about changes that take effect July 1, 2005. All health plan premiums are detailed on pages 6-7 and 10. Since premium contributions are still in flux as part of the annual budget process, you **must make your annual enrollment decisions based on current contribution percentages, knowing that these could change.**

After reading these sections, you may decide that you wish to change health plans. If you decide that you wish to change health plans, this guide provides an overview of other health and benefit options. Our health fairs, *For Your Benefit* newsletter and website can provide additional information. Weigh your health plan options. Suggested considerations are outlined on page 14. Each plan has different premium and out-of-pocket costs, choice, quality, and restrictions.

You are an important part of the solution for maintaining comprehensive benefits at affordable prices. Use the information your health plan provides you when selecting providers. Take charge of the quality and cost of your health by becoming an informed consumer.

HEALTH PLAN BENEFIT CHANGES

Medicare Plan Changes

Tufts Health Plan Secure Horizons

- **Decreased** prescription drug **co-pays** to:
 - Retail: \$10/\$20/\$40
 - Mail order: \$20/\$40/\$80

Non-Medicare Plan Changes

Contact the individual plans for network details:

Commonwealth Indemnity Community Choice Plan

- All non-hospital lab facilities covered at **100%**
- **Increased coverage** for physical therapy and occupational therapy – 100%, after \$10 co-pay
- Community Choice hospital **network increased** from 41 to 47 Massachusetts hospitals
- Bone mineral density screening for women over age 40 **added** (once every two years)
- Lipid panel cholesterol screening coverage beginning at age 19 **added** (once every five years)

Commonwealth Indemnity Plan

- Bone mineral density screening for women over age 40 **added** (once every two years)
- Lipid panel cholesterol screening coverage beginning at age 19 **added** (once every five years)

Commonwealth Indemnity Plan PLUS

- **Two-tier hospital network established** with \$200 or \$400 deductible for inpatient admission
- Physician office visit **co-pay increased** from \$10 to \$15 per visit
- **Increased coverage** for physical therapy and occupational therapy – 100%, with \$15 co-pay
- Bone mineral density screening for women over age 40 **added** (once every two years)
- Lipid panel cholesterol screening coverage beginning at age 19 **added** (once every five years)

Fallon Community Health Plan Direct Care

- Hospital inpatient **deductible reduced** from \$250 to \$200
- Outpatient surgery **deductible reduced** from \$75 to \$50

Harvard Pilgrim Health Care POS

The EAP program currently offered will cease operation on July 1, 2005. All GIC enrollees have access to similar services through the LifeBalance® program provided by the GIC's life insurance carrier.

Health New England

- **Two-tier hospital network established** with \$200 or \$400 co-pay for inpatient admission
- **Two-tier diagnostic imaging network established** for MRIs, CT scans, and PET scans with \$0 or \$100 co-pay per procedure
- **Improved** diabetic and weight loss benefits

Navigator by Tufts Health Plan

- Replace two-tier hospital network with **three-tier hospital network**, based on quality and cost effectiveness. Inpatient admission co-pays change to \$150, \$300 or \$500.

Other Benefit Changes

Prescription Drug Benefits for the Commonwealth Indemnity Community Choice Plan, Commonwealth Indemnity Plan, Commonwealth Indemnity Medicare Extension (OME) Plan, and Commonwealth Indemnity Plan PLUS

The GIC has selected Express Scripts, Inc. to continue as its pharmacy benefit manager. Additionally, the GIC will implement co-payment changes for some medications to encourage enrollees to take necessary medications, while discouraging members from taking drugs of questionable value or safety. *See page 21 for details.*

Retiree Dental Plan

The GIC Retiree Dental Plan rates will decrease by over 9%, effective July 1, 2005. The GIC has again increased reimbursement levels for the Retiree Dental Plan effective July 1, 2005, thereby reducing enrollees' potential out-of-pocket expenses. *See pages 8 and 29 for details.*

Other Important Updates

Buy-Out Option

If you have not considered the buy-out option before, this year's annual enrollment is a good time to do so. More enrollees are now eligible for this benefit, which provides monthly payments in lieu of health benefits. *See page 29 for eligibility and benefit details.*



Do Not Enroll in Medicare Part D

You will receive multiple solicitations to join the Medicare Part D prescription drug discount card program. Do not sign up for this coverage! It is a waste of your money.

The Medicare Part D prescription drug program is for retirees without drug coverage. You already have prescription drug coverage through your GIC health plan. Your plan offers more comprehensive, less expensive coverage than the Medicare Part D choices that will become available through the Centers for Medicare & Medicaid Services.



Medicare Plan Rates

Monthly GIC Plan Rates as of July 1, 2005

	Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS ^{1, 2}	Medicare Retirees Retired after July 1, 1994
	10%	15%
BASIC LIFE INSURANCE ONLY (\$5,000 coverage)	\$0.53	\$0.80
HEALTH CARE PLAN PREMIUM (Including Basic Life Insurance)	PER PERSON	PER PERSON
Commonwealth Indemnity Medicare Extension Plan (OME) with CIC (Comprehensive)	41.52	57.82
Commonwealth Indemnity Medicare Extension Plan (OME) without CIC (Non-Comprehensive)	32.57	48.87
Fallon Senior Plan ³	22.26	33.39
Harvard Pilgrim Health Care First Seniority ³	23.98	35.97
Health New England MedRate	37.86	56.80
Tufts Health Plan		
Medicare Complement	29.43	44.15
Secure Horizons	18.76	28.14

¹ Survivors not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.53 from monthly Retiree Pays premium.











² EGRs – call the GIC for monthly rates.

³ Benefits and rates are subject to change January 1, 2006.

You must make your annual enrollment decisions based on current contribution percentages, knowing that these could change after the Commonwealth's annual budget is finalized.
For other plan considerations, see page 14.

Non-Medicare Plan Rates

Monthly GIC Plan Rates as of July 1, 2005

	Non-Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS ^{1, 2}		Non-Medicare Retirees Retired after July 1, 1994	
	10%		15%	
BASIC LIFE INSURANCE ONLY (\$5,000 coverage)	\$0.53		\$0.80	
HEALTH CARE PLAN PREMIUM (Including Basic Life Insurance)	RETIREE PAYS		RETIREE PAYS	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
  Commonwealth Indemnity Community Choice Plan	\$ 37.40	\$ 86.48	\$ 56.10	\$129.72
Commonwealth Indemnity Plan with CIC (Comprehensive)	88.26	201.13	118.45	269.37
Commonwealth Indemnity Plan without CIC (Non-Comprehensive)	60.39	136.49	90.58	204.73
  Commonwealth Indemnity Plan PLUS	44.08	101.59	66.12	152.40
  Fallon Community Health Plan Direct Care	32.54	77.29	48.81	115.93
Fallon Community Health Plan Select Care	38.02	89.46	57.04	134.20
Harvard Pilgrim Health Care POS	43.15	103.53	64.72	155.31
  Health New England	34.19	83.89	51.28	125.84
  Navigator by Tufts Health Plan	41.45	99.52	62.18	149.29
Neighborhood Health Plan	33.34	87.41	50.02	131.12

¹ Survivors not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.53 from monthly Retiree Pays premium.

² EGRs – call the GIC for monthly rates.

You must make your annual enrollment decisions based on current contribution percentages, knowing that these could change after the Commonwealth's annual budget is finalized.
For other plan considerations, see page 14.

Monthly GIC Plan Rates *as of July 1, 2005*

GIC RETIREE DENTAL PLAN RATES

\$850 Maximum Annual Benefit per Member	
COVERAGE TYPE	MONTHLY PREMIUM
SINGLE	\$27.13
FAMILY	\$64.69

RETIREE OPTIONAL LIFE INSURANCE RATES

Including Accidental Death and Dismemberment

RETIRED EMPLOYEE AGE	SMOKER RATE	NON-SMOKER RATE
	<i>Per \$1,000 of Coverage</i>	<i>Per \$1,000 of Coverage</i>
Under Age 70	\$ 1.74	\$ 1.29
70 – 74	3.25	2.49
75 – 79	8.13	6.21
80 – 84	15.34	11.72
85 – 89	24.29	18.55
90 – 94	34.83	28.19
95 – 99	76.07	61.56
Ages 100 and over	145.86	118.03

Monthly GIC Plan Rates *as of July 1, 2005*

Basic Life Insurance

CITY/TOWN/SCHOOL DISTRICT (SD)			RMT Pays
BASIC LIFE: \$1,000 Coverage			\$0.90
Andover	Orange		
Blackstone Valley Regional SD	Paxton		
Bridgewater	Pelham		
Gloucester	Pioneer Valley Regional SD		
Granby	Plainville		
Hampden-Wilbraham Regional SD	Salisbury		
Narragansett Regional SD	Wilbraham		
Newbury			
BASIC LIFE: \$2,000 Coverage			\$0.90
Amherst	Martha's Vineyard Regional SD	Shawsheen Valley Regional SD	
Amherst-Pelham Regional SD	Milton	Stoughton	
Barnstable	Monson	Upper Cape Cod Regional SD	
Blue Hills Regional SD	North Andover	Ware	
Cohasset	Quabbin Regional SD	W. Springfield	
Dennis	Rehoboth	Whitman-Hanson SD	
Lawrence	Rockland	Winthrop	
BASIC LIFE: \$3,000 Coverage			\$1.35
Weymouth			
BASIC LIFE: \$4,000 Coverage			\$1.80
Rockport			
BASIC LIFE: \$5,000 Coverage			\$2.25
Amesbury	Hingham	Revere	
Berkshire Hills Regional SD	Holbrook	Rutland	
Berlin-Boylston Regional SD	Holyoke	Salem	
Billerica	Hudson	Saugus	
Bourne	Medford	Spencer	
Dedham	Millis	Stoneham	
Eastham	Montague	Wareham	
Everett	North Adams	Watertown	
Franklin	North Attleboro	W. Bridgewater	
Gill-Montague Regional SD	N. Middlesex Regional SD	Westfield	
Greater Lawrence Regional SD	Norwell	Woburn	
Harvard	Randolph		
BASIC LIFE: \$10,000 Coverage			\$4.50
Braintree			
BASIC LIFE: \$15,000 Coverage			\$6.75
Spencer-E. Brookfield Regional SD			



How to calculate your Monthly Premium as of July 1, 2005

- 1 Find the city, town or the school district from which you retired on the life insurance rate chart on page 9.
- 2 Locate your "RMT Pays" rate for life insurance.
- 3 Add that amount to the RMT Pays premium below for the health plan you are interested in to determine your monthly health and life insurance premium.

MEDICARE PLANS¹

	Retired Municipal Teachers (RMTs)
	10%
HEALTH PLAN COSTS	PER PERSON COVERAGE
Commonwealth Indemnity Medicare Extension Plan (OME) with CIC (<i>comprehensive</i>)	\$52.78
Commonwealth Indemnity Medicare Extension Plan (OME) without CIC (<i>non-comprehensive</i>)	37.68
Fallon Senior Plan ²	21.73
Harvard Pilgrim Health Care First Seniority ²	23.45
Health New England MedRate Plan	37.33
Tufts Health Plan Medicare Complement	28.90
Secure Horizons	18.23

NON-MEDICARE PLANS¹

	Retired Municipal Teachers (RMTs)	
	10%	10%
HEALTH PLAN COSTS	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Commonwealth Indemnity Plan with CIC (<i>comprehensive</i>)	\$93.75	\$222.67
Commonwealth Indemnity Plan without CIC (<i>non-comprehensive</i>)	60.64	141.37
 Fallon Community Health Plan Direct Care	32.01	76.76
Fallon Community Health Plan Select Care	37.49	88.93
 Health New England	33.66	83.36
Neighborhood Health Plan	32.81	86.88

¹ RMTs from Peabody – call the GIC for monthly rates.

² Benefits, rates and enrollment area are subject to change January 1, 2006.

LEAPFROG GROUP 2004 SURVEY RESULTS for Massachusetts Hospitals

Annual enrollment is a great time to prepare for the year ahead. As you review your health care choices, please review the following charts to learn about an important issue – preventable medical mistakes in hospitals. This information can help you choose the best and safest hospital for high-risk procedures. Most routine procedures are often safely and conveniently performed at your local hospital. Talk with your doctor and health plan to obtain additional information about your hospital options.

Choosing the Right Hospital Can Make a Difference

Medical mistakes are the fifth-leading cause of death in the United States. They cause more deaths than car accidents, breast cancer and AIDS. Even when mistakes made in hospitals are not fatal, they still can lead to injury, disability, longer hospital stays, or a longer recovery.

The GIC is a member of the Leapfrog Group, a coalition of more than 160 organizations devoted to improving patient safety. The Leapfrog Group works with medical experts all over the country to identify problems and offer solutions to improve hospital quality. Scientific evidence shows that the four Leapfrog patient safety steps reduce death and injury. Consider choosing a hospital:

- That requires doctors to use computerized physician order entry systems (CPOE) for prescribing drugs

- With proven results or lots of experience performing specific procedures or treating diagnoses
- With an Intensive Care Unit (ICU) that is staffed at least eight hours a day by specially trained doctors and other caregivers
- That has a high “Leapfrog Quality Index.” This means it has put in place up to 27 practices known to reduce preventable medical mistakes.

Most Select & Save plans currently use Leapfrog as their major quality measure.

The information on this Report Card is what hospitals have reported to the Leapfrog Group as of January 31, 2005. For additional information about these procedures, and more up-to-date data, visit the Leapfrog Group’s website: www.leapfroggroup.org.

These hospitals did **not** respond to the Leapfrog Group’s requests for data as of January 31, 2005:






Boston Medical Center, Boston
 Caritas Good Samaritan Medical Center, Brockton
 Dana-Farber Cancer Institute, Boston
 Harrington Memorial Hospital, Southbridge
 Health Alliance Hospitals Inc., Leominster
 Holy Family Hospital & Medical Center, Methuen
 Mercy Medical Center, Springfield
 New England Baptist Hospital, Boston
 North Adams Regional Hospital, North Adams

















































































For information on hospitals that partially meet the Leapfrog standards for the following six conditions/procedures, see the 2004 Calendar Year GIC Health Plan and Leapfrog Hospital Report Card, available on our website and at the GIC health fairs.






































































































HOSPITALS THAT HAVE FULLY IMPLEMENTED LEAPFROG STANDARDS – For these six conditions/procedures:	Coronary Artery Bypass	Percutaneous Coronary Intervention	Abdominal Aortic Aneurysm Repair	Esophagectomy	Pancreatic Resection	High-Risk Deliveries & Neonatal ICUs
Baystate Medical Center		●				●
Beth Israel Deaconess Medical Center	●	●		●	●	●
Brigham and Women’s Hospital	●		●	●	●	●
Cape Cod Hospital		●				
Caritas St. Elizabeth’s Medical Center		●				
Charlton Memorial Hospital		●				
Children’s Hospital Boston						●
Mary & Arthur Clapham Hospital (Lahey Clinic)		●		●	●	
Massachusetts General Hospital	●		●	●	●	●
Tufts New England Medical Center					●	●
UMass Memorial Medical Center					●	●

Leapfrog Hospital Report Card – Survey Results as of January 31, 2005

SYMBOL KEY

-  Fully implemented Leapfrog's recommended quality and safety leap
-  Good progress in implementing Leapfrog's recommended quality and safety leap
-  Good early stage effort in implementing Leapfrog's recommended quality and safety leap
-  Willing to report publicly; did not yet meet Leapfrog's criteria for a good early stage effort
-  Did not disclose
- N/A** **Not Applicable** – Recommended safety practice does not apply to this particular hospital because it does not offer the service to which the safety practice applies.

HOSPITAL NAME	Computer-ized Drug Orders	ICU Staffing	Quality Index
Addison Gilbert Hospital			
Anna Jaques Hospital			
Athol Memorial Hospital			
Baystate Medical Center			
Berkshire Medical Center Inc.			
Beth Israel Deaconess Hospital – Needham			
Beth Israel Deaconess Medical Center – Boston			
Beverly Hospital			
Brigham and Women's Hospital			
Brockton Hospital			
Cambridge Health Alliance			
Cape Cod Hospital			
Caritas Carney Hospital			
Caritas Norwood Hospital			
Caritas St. Elizabeth's Medical Center			
Charlton Memorial Hospital Site of Southcoast Hospitals Group, Inc.			
Children's Hospital Boston			
Clinton Hospital		N/A	
Cooley Dickinson Hospital, Inc.			
Emerson Hospital			
Fairview Hospital			
Falmouth Hospital			
Faulkner Hospital			
Franklin Medical Center			
Hallmark Health System/Lawrence Memorial Hospital of Medford			
Hallmark Health System/Melrose-Wakefield Hospital			
Heywood Hospital			

HOSPITAL NAME	Computer-ized Drug Orders	ICU Staffing	Quality Index
Holyoke Hospital, Inc.			
Hubbard Regional Hospital			
Jordan Hospital Inc.			
Lawrence General Hospital			
Leonard Morse Hospital			
Lowell General Hospital			
Marlborough Hospital			
Mary & Arthur Clapham Hospital (Lahey Clinic)			
Mary Lane Hospital			
Massachusetts Eye & Ear Infirmary		N/A	
Massachusetts General Hospital			
Merrimack Valley Hospital			
Metrowest Medical Center			
Milford Whitinsville Regional Hospital			
Milton Hospital			
Morton Hospital & Medical Center			
Mt. Auburn Hospital			
Nashoba Valley Medical Center			
Newton-Wellesley Hospital			
Noble Hospital			
Quincy Medical Center			
Saints Memorial Medical Center Inc.			
Salem Hospital @ The North Shore Medical Center			
South Shore Hospital			
St. Annes Hospital Corporation			
St. Luke's Hospital Site of Southcoast Hospitals Group			
St. Vincent Hospital			
Sturdy Memorial Hospital			
Tobey Hospital Site of Southcoast Hospitals Group			
Tufts New England Medical Center			
UMass Memorial Medical Center			
Union Hospital @ The North Shore Medical Center			
Winchester Hospital			
Wing Memorial Hospital			

Annual Enrollment Overview

Annual enrollment gives you an opportunity to review your options and select a new plan. If you want to keep your current GIC plan, you do not need to do anything. Your coverage will continue automatically.



Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area.

Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option, Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)

If You Have Medicare...

You may enroll in one of these plans:

- Commonwealth Indemnity Medicare Extension Plan (OME)
- Fallon Senior Plan
- Harvard Pilgrim First Seniority
- Health New England MedRate
- Tufts Medicare Complement
- Tufts Secure Horizons

You may enroll in...

Retiree Dental Plan

You may apply for*...

Health Insurance Buy-Out Option

By May 13...

- Write to the GIC requesting the change, including your name, address and GIC Identification number
- Send Retiree Dental form to the GIC (if selected)
- Send the Medicare HMO application form to the Plan (if selected)

Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option

If You Do Not Have Medicare...

You may enroll in one of these health plans:

- Commonwealth Indemnity Community Choice, Commonwealth Indemnity Plan, or Commonwealth Indemnity PLUS
- Fallon Community Health Plan Direct Care or Fallon Community Health Plan Select Care
- Harvard Pilgrim POS
- Health New England
- Navigator by Tufts Health Plan
- Neighborhood Health Plan

You may enroll in...

Retiree Dental Plan

You may apply for*...

Health Insurance Buy-Out Option

By submitting by May 13...

- Enrollment forms to the GIC
- HMO or Harvard Pilgrim POS enrollment form to the Plan (if selected)

Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)

If You Do Not Have Medicare...

You may enroll in one of these health plans:

- Commonwealth Indemnity Plan
- Fallon Community Health Plan Direct Care
- Fallon Community Health Plan Select Care
- Health New England
- Neighborhood Health Plan

You may enroll in...

Retiree Dental Plan

You may apply for*...

Health Insurance Buy-Out Option

By submitting by May 13...

- Enrollment forms to the GIC
- HMO enrollment form to the Plan (if selected)

Enrollment and application forms are available on our website: www.mass.gov/gic, at the GIC health fairs, and by calling or writing to the GIC.

* Former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option are not eligible for the health insurance buy-out option.

How to Choose a Health Plan

Choosing a health plan that's right for you and your family is an important decision. Although monthly premium is an important consideration, it is only one of many factors that will help determine your satisfaction with a plan.

Keep in mind that doctors, hospitals and other health care providers can leave a plan network, but you may not change plans until the next annual enrollment, unless you move out of the plan's service area.

	INDEMNITY & INDEMNITY MEDICARE EXTENSION (OME)	COMMUNITY CHOICE	PLUS	HARVARD PILGRIM POS	NAVIGATOR BY TUFTS HEALTH PLAN	HMOs AND HMO MEDICARE PLANS
Are you eligible to join the Plan and is it available in your area?	Yes*	See pages 13, 16 and 22				
What will your monthly premium cost be?	Retired Municipal Teachers (RMTs) – see pages 9-10 All other GIC Enrollees – see pages 6-7					
What may your out-of-pocket costs be?	Estimate your out-of-pocket costs by comparing co-pays and deductibles for the services you and your covered dependents are likely to use. <i>Medicare enrollees see pages 18-21. Non-Medicare RMTs and EGRs see pages 20-21, 23 and 26-27. Other Non-Medicare enrollees see pages 20-21 and 23-27.</i>					
Does your doctor(s) participate in the Plan?	Yes*	Yes, if your doctor is in Massachusetts	Contact the Plan			
Does your hospital(s) participate in the Plan?	Yes*	Contact the Plan				
Will you have out-of-state coverage?	Unlimited*	Limited	Limited – available in some contiguous states	Limited – available in some contiguous states	Limited – available in some contiguous states	Limited
	(Emergency Room and Urgent Care covered by all plans. See charts on pages 16 and 22 for coverage by county and contiguous state coverage.)					
Do you need to select a Primary Care Physician (PCP) to coordinate care and obtain referrals to most specialists?	No	No	No	Yes	No	Yes
Do you need plan authorization for certain procedures – such as MRIs, physical therapy, and hospitalizations?	Yes for all plans.					
Is there out-of-network coverage with reduced benefits?	N/A	Yes	Yes	Yes	Yes	No
How does the Plan rate in quality and member satisfaction?	See the GIC’s Health Plan & Hospital Report Card, available at health fairs and on our website. Ask friends about their experience with a health plan. J.D. Powers and Associates recognizes health plans for service excellence.					
Does the Plan have a pre-existing condition exclusion?	No for all plans.					
Does the Plan offer gym membership and eyewear discounts?	Contact the plan for details.					
What are the Plan’s physical therapy, occupational therapy and chiropractic benefits?	Contact the plan.					
What company administers the prescription drug benefits?	Express Scripts, Inc.	Express Scripts, Inc.	Express Scripts, Inc.	Harvard Pilgrim Health Care	Tufts Health Plan	The HMO
What company administers mental health-substance abuse benefits?	United Behavioral Health	United Behavioral Health	United Behavioral Health	PacifiCare Behavioral Health	United Behavioral Health	HMOs arrange coverage internally or with a managed mental health plan

* Benefit payments to out-of-state providers are determined by allowed amounts and you may be responsible for a portion of the total charge. This does not apply to Commonwealth Indemnity Medicare Extension (OME) Plan members.

Medicare and Non-Medicare Prescription Drug Benefits

Multi-Tier Co-payment Structure

All GIC health plans have a tiered co-payment structure in which members generally pay less for generic drugs and more for brand name drugs. This system maintains a broad choice of covered drugs for patients and their doctors, while providing an incentive to use medications that are safe, effective and less costly.

For most plans, the formulary changes every January. The GIC recommends that you bring your current plan formulary with you to your doctor visits. Frequently, there is more than one prescription drug that your doctor could prescribe for a particular illness or condition. Discuss with your doctor whether drugs with lower co-payments are appropriate for you.

The following descriptions will help you understand your prescription drug co-payment levels. *See the Benefits-at-a-Glance charts on pages 18-19 and 23-27 for the corresponding co-payment information for each plan.* (Some plans may categorize their prescription drug tiers differently from those listed below. Call the plans for more information.)

Generic: Generic drugs contain the same active ingredients as brand name drugs and are sold under their chemical name. These drugs are subject to the same rigid FDA standards for quality, strength, and purity as the brand name drug. Generic drugs generally cost less than brand name drugs because they do not require the same level of sales, advertising, and development expenses associated with brand name drugs.

Preferred Brand Name/Formulary: The manufacturer sells these drugs under a trademarked name. Preferred brand name drugs usually do not have less costly generic equivalents.

Non-Preferred Brand Name/Non-Formulary: These drugs are also trademarked. They have a generic equivalent or a preferred brand alternative that can be substituted.

Tips for Reducing Your Out-of-Pocket Prescription Drug Costs

You want the best when it comes to medications, and you want to spend your money wisely. You *can* do both. The following tips will help you lower your out-of-pocket prescription drug costs:

Ask for Generics: Ask your doctor or pharmacist if there is a generic drug that is appropriate for your condition. By choosing a generic medication, you usually can save on your co-payment. Generic drugs generally cost less than brand name drugs because they do not have the same level of marketing, advertising and development expenses associated with brand name drugs.

Give Every Doctor a Copy of Your Plan

Formulary: The majority of GIC plans revise their drug formularies in January and update them throughout the year. It is available on most plan websites. Photocopy the formulary, keep a copy for yourself, and give it to each doctor that you see.

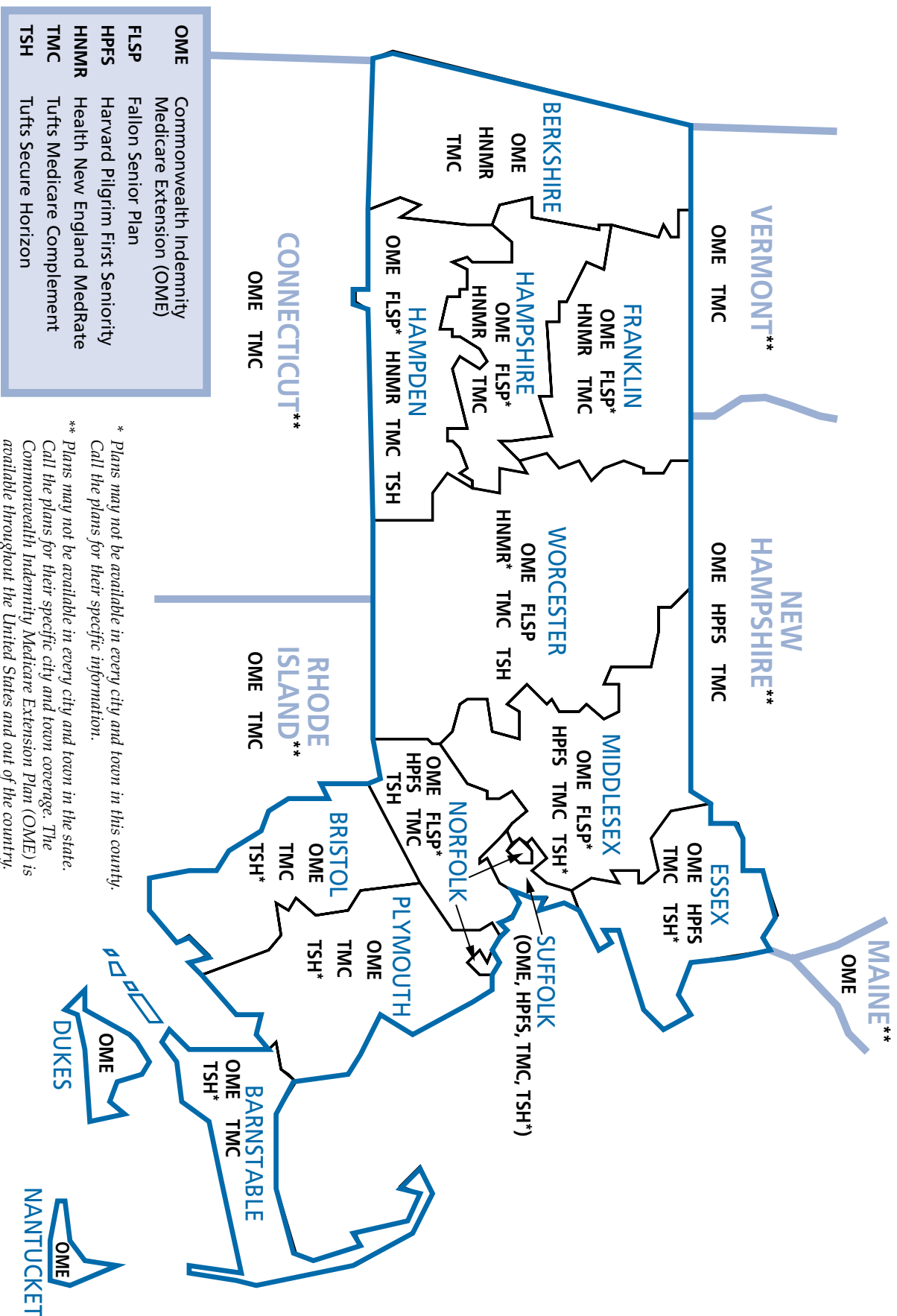
The formulary gives you a list of the most commonly prescribed generic and brand medications with the lowest co-pays. Frequently, there is more than one prescription drug that your doctor could prescribe for a particular illness or condition. Discuss with your doctor whether the drugs with lower co-payments are appropriate for you.



Use Mail Order: *If you are taking a medication on a regular basis, take advantage of mail order savings and convenience. Members taking drugs for asthma, high blood pressure, allergies, high cholesterol and other long-term conditions will enjoy lower co-pays and home delivery with mail order. You will only need to order refills once every three months – you get up to a 90-day supply of your medication with each order. Once you begin mail order, you can conveniently order refills by phone or Internet. It's easy to get started. Have your doctor write a prescription for up to a 90-day supply of your medication, plus refills for up to one year if appropriate. Complete a mail service order form and send it along with your prescription and co-pay to your prescription drug plan. Members receive a mail order prescription drug form when they enroll in the plan. See pages 18-19 and 23-27 to calculate how much you will save by switching from using your local pharmacy to using mail order.*

Is the Medicare Plan Available in Your Area?

Where you live determines which health plan(s) you are eligible to join. Review the county and state map below for an overview of health plan(s) available in your area.



Medicare and Your GIC Benefits

Medicare Guidelines

Medicare is the federal health insurance program for retirees age 65 and older and certain younger disabled people. Call or visit your local Social Security office to determine your eligibility.

Medicare Part A covers hospital care, some skilled nursing facility care and hospice care. Part B covers physician care, diagnostic X-rays and lab tests, and durable medical equipment.

When you or your spouse is age 65 or over, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage. If you or your spouse is disabled, contact Social Security about Medicare eligibility. If you (the state insured) continue working after age 65, you and/or your spouse must enroll in Medicare Part A and defer your Medicare Part B until you retire.



When you (*the state insured*) retire:

- If you and/or your spouse is eligible for Part A for free, state law requires that, to be covered by the GIC, you and/or your spouse must enroll in Medicare Part A and Part B.
- You must join a Medicare plan sponsored by the Group Insurance Commission (GIC).

Insured and Spouse Coverage if Under and Over Age 65

If you or your spouse or other covered dependent is younger than age 65, you and/or your spouse or other covered dependent (*under age 65*) will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

When you or your covered dependent turn age 65 and join a Medicare plan, the other individual under age 65 will stay in a non-Medicare plan until you or he/she turns age 65.

Non-Medicare/Medicare combination choices for state retirees, deferred retirees, survivors and former employees who continue to pay for health coverage through the state's 39-week option or the federal COBRA option:

- Commonwealth Indemnity Community Choice Plan OR Commonwealth Indemnity Plan OR Commonwealth Indemnity Plan PLUS/ Commonwealth Indemnity Medicare Extension (OME) Plan
- Fallon Community Health Plan Direct OR Select Care/Fallon Senior Plan

- Harvard Pilgrim POS/Harvard Pilgrim Health Care First Seniority
- Health New England/Health New England MedRate
- Navigator by Tufts Health Plan/Tufts Health Plan Medicare Complement OR Tufts Health Plan Secure Horizons.

Non-Medicare/Medicare combination choices include the following for Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs):

- Commonwealth Indemnity Plan/Commonwealth Indemnity Medicare Extension (OME) Plan
- Fallon Community Health Plan Direct OR Select Care/Fallon Senior Plan
- Health New England/Health New England MedRate

GIC Medicare Choices

The Commonwealth Indemnity Medicare Extension Plan (OME) and HMO Medicare Plans provide comprehensive coverage for some services that Medicare does not cover (*for example, prescription drugs*). The Commonwealth Indemnity Medicare Extension Plan (OME) is available regardless of where you live. The HMO Medicare plans require you to live in their service areas. *Refer to page 16 for additional information. See pages 18-19 for an overview of each plan's benefits.*

Helpful Reminders



You *MUST* continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of your GIC health coverage.

- Call or visit your local Social Security office if you want information about Medicare benefits.
- You may change GIC Medicare plans only during annual enrollment, unless you move out of a GIC Medicare HMO service area.
- If you want to enroll in the Commonwealth Indemnity Medicare Extension Plan (OME), write to the Group Insurance Commission.
- If you want to enroll in an HMO Medicare Plan, complete the HMO's Medicare application, available from the plan or our website. You must also notify the GIC in writing.
- Benefits and rates of Fallon Senior Plan and Harvard Pilgrim Health Care First Seniority are subject to change January 1, 2006.
- Medicare HMO enrollment areas may change at any time during the year.

Benefits-at-a-Glance: Medicare Plans

This chart is an overview of the plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

BENEFITS	COMMONWEALTH INDEMNITY MEDICARE EXTENSION PLAN (OME) with CIC ¹ (Comprehensive) UNICARE	FALLON SENIOR PLAN ²
TELEPHONE NUMBERS	1.800.442.9300	1.800.868.5200
WEBSITES	www.unicare-cip.com	www.fchp.org
Preventive Care <i>office visits according to schedule³</i>	100%, after \$5 per visit	100%, after \$10 per visit
Physician Office Visit <i>(except mental health)</i>	100%, after \$35 calendar year deductible	100%, after \$10 per visit
Inpatient Hospital <i>room, board, and special services</i>	100%, after \$50 deductible per quarter	100%
Hospice Care	100%, after \$35 calendar year deductible	100%
Diagnostic Laboratory Tests and X-rays	100%	100%
Surgery <i>Inpatient & Outpatient</i>	100% within MA; call the plan for out-of-state details	100%
Emergency Room Care <i>(includes out-of-area)</i>	100%, after \$25 co-pay per visit <i>(waived if admitted)</i> <i>(calendar year deductible may apply)</i>	100%, after \$50 co-pay per visit <i>(waived if admitted)</i>
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period	
Prescription Drug Co-Pays ⁴ <i>Network Pharmacy</i> Up to 30-day supply	\$7 generic \$20 preferred brand name \$40 non-preferred brand name ⁵	\$8 tier I \$15 tier II \$35 tier III
<i>Mail Order</i> <i>Maintenance Drugs</i> Up to 90-day supply	\$14 generic \$40 preferred brand name \$70 non-preferred brand name ⁵	\$16 tier I \$30 tier II \$105 tier III
Intermediate & Inpatient Mental Health & Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered. Authorizations vary by plan.	
Outpatient Mental Health Care	See page 20 for details.	100%, after \$10 per visit
Outpatient Substance Abuse Care	See page 20 for details.	100%, after \$10 per visit

¹ Without CIC (comprehensive coverage) deductibles are higher and coverage is only 80% for some services.

² Benefits and rates of Fallon Senior Plan and Harvard Pilgrim Health Care First Seniority are subject to change January 1, 2006.

³ Contact the plan for the schedule.

For more information about a specific plan's benefits or providers, call the plan or visit its website.

HARVARD PILGRIM HEALTH CARE FIRST SENIORITY ²	HEALTH NEW ENGLAND MEDRATE	TUFTS HEALTH PLAN MEDICARE COMPLEMENT	TUFTS HEALTH PLAN SECURE HORIZONS
1.800.779.7723	1.800.842.4464	1.800.870.9488	1.800.867.2000
www.harvardpilgrim.org	www.hne.com	www.tuftshealthplan.com	www.tuftshealthplan.com
100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
100%			
100%			
100%			
100%			
100%, after \$50 co-pay per visit (waived if admitted)			
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period			
\$10 generic \$20 brand name select \$35 brand name non-select	\$10 generic \$20 brand name formulary \$40 brand name non-formulary	\$8 generic \$20 brand name \$35 non-preferred brand name	\$10 generic \$20 brand name \$40 non-preferred brand name
\$20 generic \$40 brand name select \$105 brand name non-select	\$20 generic \$40 brand name formulary \$120 brand name non-formulary	\$16 generic \$40 brand name \$70 non-preferred brand name	\$20 generic \$40 brand name \$80 non-preferred brand name
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered. Authorizations vary by plan.			
100%, after \$5 per visit	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit
Visit(s) 1-8: 100%, after \$5 per visit; Visits 9-20: 100%, after \$25 per visit Visits 21 and up: 50%	100%, after \$10 per visit	100%, after \$10 per visit	100%, after \$10 per visit

⁴ Contact the individual plan to find out how a specific drug is categorized.

⁵ Additional charges may apply. See page 21 for details on Express Scripts benefits.

Benefits-at-a-Glance: Mental Health-Substance Abuse

For Commonwealth Indemnity Community Choice, Commonwealth Indemnity Plan, Commonwealth Indemnity Medicare Extension (OME) Plan, Commonwealth Indemnity Plan PLUS and Navigator by Tufts Health Plan

	COVERAGE	
PROVIDER	United Behavioral Health (UBH)	
TELEPHONE	1.888.610.9039	
WEBSITE	www.liveandworkwell.com (access code: 10910)	
BENEFITS	In-Network	Out-of-Network
Annual Deductible (Separate from the medical deductible and out-of-pocket maximum)	None	\$100 per person (Medicare Extension OME) \$150 per person (Indemnity Plan, PLUS, Community Choice and Tufts Navigator) \$75 per person (RMT/EGR)
Inpatient Care <i>Mental Health</i> General hospital Psychiatric hospital <i>Substance Abuse</i> ¹ General hospital or substance abuse facility <i>Per Admission Deductible</i>	100%, less deductible \$150 per calendar quarter (Indemnity) \$200 per calendar quarter (PLUS, Community Choice and Tufts Navigator) \$50 per calendar quarter (Medicare Extension OME)	80% ² , less deductible \$150 per admission
Intermediate Care ³ (Including, but not limited to, 24-hour intermediate care facilities, e.g., residential, group homes, halfway houses, therapeutic foster care, day/partial hospitals, structured outpatient treatment programs.)	100%	80%
Outpatient Care ³ (Including, but not limited to, individuals, family, group therapy, and medication management.) Enrollee Assistance Program (EAP): (Including, but not limited to, depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services – legal, financial, family mediation, and elder care.)	First 4 visits: 100% Visits 5 and over: \$15 per visit (Indemnity, PLUS, Community Choice and Tufts Navigator) \$10 per visit (Medicare Extension OME)	First 15 visits: 80% per visit Visits 16 and over: 50% per visit ⁴ No coverage for EAP
In-Home Mental Health Care ³	100%	First 15 visits: 80% per visit Visits 16 and over: 50% per visit ⁴
Provider Eligibility	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS

¹ Substance Abuse Incentive – Members reimbursed for inpatient and outpatient co-pays if they complete inpatient and post-discharge care.

² Out-of-network inpatient care that is not pre-certified is subject to a financial penalty.

³ Treatment that is not pre-certified receives out-of-network level reimbursement.

⁴ All outpatient out-of-network visits beyond session 15 require pre-authorization.

The GIC has selected Express Scripts, Inc. to continue as the administrator for its prescription drug benefits for members of the Commonwealth Indemnity Community Choice Plan, Indemnity Medicare Extension (OME) Plan, Indemnity Plan, and Indemnity Plan PLUS.

The prescription drug plan encourages the use of safe, effective and less expensive prescription drugs. In addition to a three-tier formulary and less expensive mail order service, as described on page 15, the Plan has three programs that address the issues of quality, safety and cost:



New! Co-Payment Changes for Some Medications

We know that many people who need statins to lower their cholesterol are not taking them, sometimes because of cost. Some people are also taking GI/stomach drugs, such as Nexium and prescription-strength Prilosec, when other lower-cost drugs might work just as well. We are therefore introducing an exciting program which lowers co-pays for certain generic drugs, effective July 1, 2005. Members prescribed these drugs will have a very affordable **\$2 retail and \$4 mail order co-pay** for the following drugs:

- Cholesterol-lowering medications: generic version of Mevacor
- Stomach acid medications: generic versions of H-2 antagonists, such as Tagamet 300, 400 and 800 mg, Pepcid 40 mg, Axid 150 and 300 mg, or Zantac 300 mg

These drugs ordinarily have co-pays of \$7 at retail and \$14 through mail order.

In an effort to discourage members from taking drugs whose efficacy, value and/or safety is questionable, the following medications will move to the **non-preferred brand name drug tier of \$40 retail and \$70 mail order** effective July 1, 2005:

- All Cox-2 inhibitors: e.g., Bextra, Celebrex and Vioxx (if reintroduced to the market)
- Omeprazole (generic Prilosec)
- All Proton Pump Inhibitors (PPIs): e.g., Nexium, Prevacid, Aciphex, Protonix and prescription-strength Prilosec

To help offset the higher co-pay for Omeprazole (generic Prilosec), the GIC is trying something brand new. Effective July 1, 2005, we will begin a pilot program to enable you to buy **over-the-counter versions of Prilosec at a co-pay cost of \$7 retail and \$14 mail order**. Over-the-counter Prilosec ordinarily can cost a member as much as \$24.

Step Therapy

Under this program, members are encouraged to use the most appropriate drug therapy for certain conditions. Frequently, a physician will prescribe the most expensive drug without first trying effective, less-costly drugs. The Step Therapy program encourages the use of effective first-line drugs before expensive, second-line alternatives. Certain drugs that treat the following conditions are covered by Step Therapy: stomach ulcers, pain/arthritis, allergies, high blood pressure, diabetes, topical dermatitis, ADD/ADHD and depression. This drug list is subject to change. First-line drug treatments are safe, effective and less expensive than the second-line drugs. If your doctor thinks you need a step-two drug, he or she needs to contact Express Scripts to request a prior authorization.

Generics Preferred

This program provides an incentive for members to use the generic version of a brand name drug. If your doctor writes, "do not substitute" on your prescription for a non-preferred brand name drug for which there is a generic version, you will pay the generic drug co-pay **and** the difference between the cost of the generic drug and the cost of the non-preferred brand name drug. Make sure your doctor knows that not using the generic will cost you more. He or she may reconsider whether or not to put you on the more expensive alternative.

Indemnity Plans' Prescription Drug Questions?

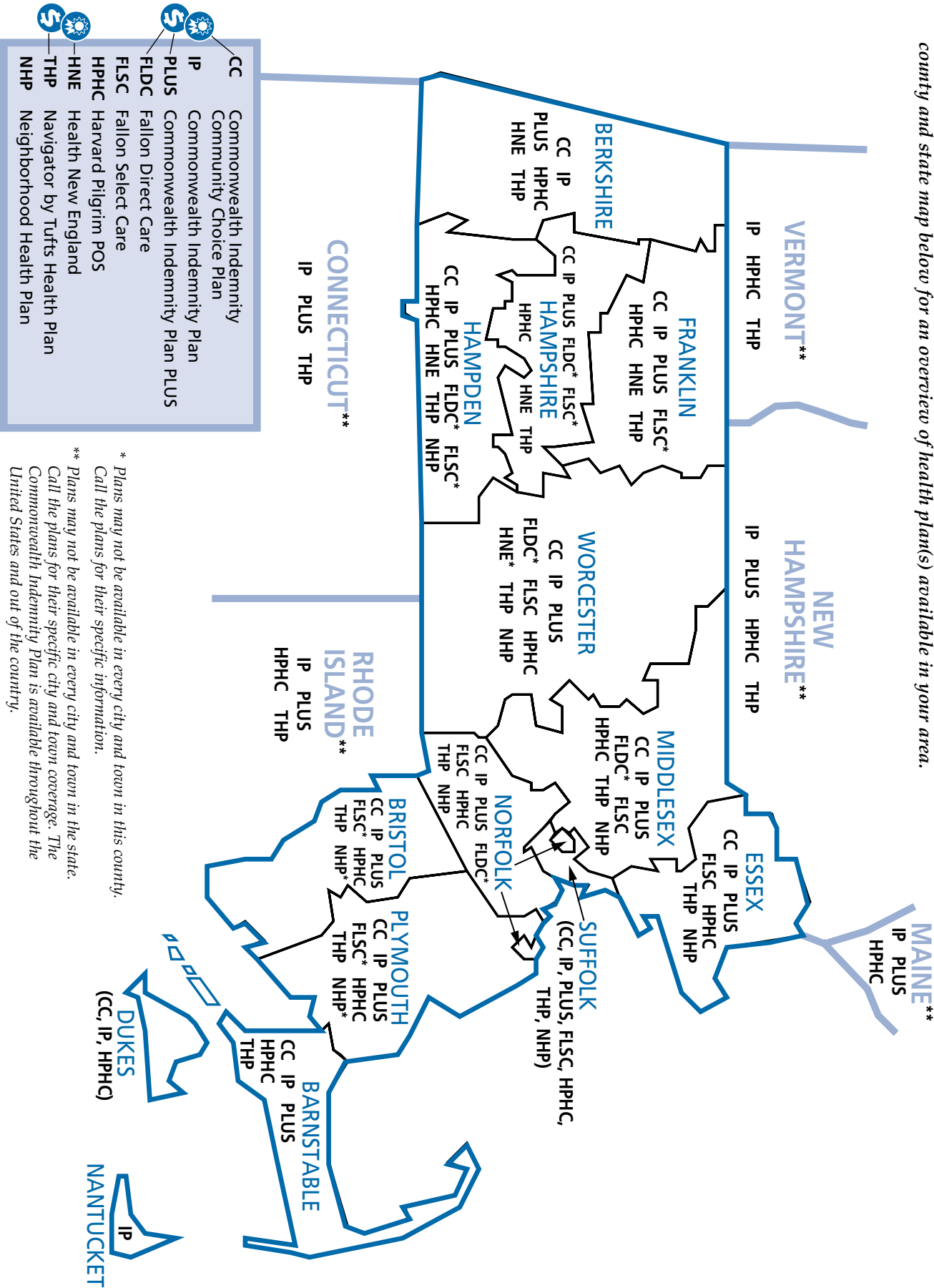
Contact Express Scripts, Inc.

1.877.828.9744

www.express-scripts.com

Is the Non-Medicare Plan Available in Your Area?

Where you live determines which health plan(s) you are eligible to join. Review the country and state map below for an overview of health plan(s) available in your area.




* Plans may not be available in every city and town in this country. Call the plans for their specific information.

** Plans may not be available in every city and town in the state. Call the plans for their specific city and town coverage. The Commonwealth Indemnity Plan is available throughout the United States and out of the country.

Benefits-at-a-Glance: Non-Medicare Commonwealth Indemnity & PLUS Plans

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

For more information about plan designs, call the plan or visit its website.

BENEFITS	COMMONWEALTH INDEMNITY PLAN ¹ WITH CIC ² (Comprehensive)	COMMONWEALTH INDEMNITY PLAN PLUS	
		PLUS Network	Out-of-Network ¹
PROVIDER	UNICARE	 UNICARE	
TELEPHONE NUMBERS	1.800.442.9300	1.800.442.9300	
WEBSITES	www.unicare-cip.com	www.unicare-cip.com	
Hospital Care Inpatient hospital room, board, surgery and special services	100%	100%	80%
	after hospital deductible		
Hospice Care	100% after calendar year deductible	100%	100% after calendar year deductible
Emergency Room Care (includes out-of-area)	100% after \$50 co-pay (waived if admitted)		
Outpatient Surgery	100%	100%	80%
	after outpatient surgery deductible		
Diagnostic Laboratory Tests	100% with preferred provider 80% of allowed charges without preferred provider	100%	80%
X-rays	100%	100%	80%
Physician Office Visit (except mental health)	100%, after \$10 per visit and calendar year deductible	100% after \$15 per visit	80%, after \$15 per visit and calendar year deductible
	No co-pay after 15th calendar year visit per person		
Preventive Care Preventive care and well baby care office visits according to schedule ³ and immunizations.	100%, after \$10 per visit	100% after \$15 per visit	80% after \$15 per visit
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
Inpatient Hospital Deductible per quarter	\$150	\$200 Tier 1; \$400 Tier 2 ⁴	\$400
Outpatient Surgery Deductible	\$0	\$75 per calendar quarter	\$75 per calendar quarter
Calendar Year Deductible Individual Family	\$75 Two members at \$75 each	\$0 \$0	\$100 Two members at \$100 each
Prescription Drug Co-pays Network Pharmacy – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs ⁵ using an Express Scripts, Inc. pharmacy and your prescription drug card.		
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$70 non-preferred brand name drugs ⁵ .		
Mental Health & Substance Abuse Care	See page 20		

¹ Benefit payments to out-of-state providers are determined by allowed amounts. Members may be responsible for a portion of the total charge.

² Without CIC (comprehensive) deductibles are higher and coverage is only 80% for some services.

³ Contact the health plan for the schedule.

⁴ Hospital tiers are based primarily on cost efficiency. Contact UniCare for details.

⁵ Contact Express Scripts to see how a specific drug is categorized. Additional charges may apply. See page 21 for details on Express Scripts benefits.



RMTs and EGRs are not eligible for PLUS.

Benefits-at-a-Glance: Non-Medicare PPO & POS-Type Plans

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

BENEFITS	COMMONWEALTH INDEMNITY COMMUNITY CHOICE PLAN	
	In-Network	Out-of-Network ¹
PROVIDER	UNICARE	
TELEPHONE NUMBERS	1.800.442.9300	
WEBSITES	www.unicare-cip.com	
Hospital Care Inpatient hospital room, board, surgery and special services	100%	100%
	after hospital deductible/co-pay	
Hospice Care	100%	100%
Emergency Room Care (includes out-of-area)	100%, after \$50 co-pay (waived if admitted)	100%, after \$100 co-pay (waived if admitted)
Outpatient Surgery	100%	100%
	after outpatient surgery deductible/co-pay	
Diagnostic Laboratory Tests	100%	100%, after \$50 co-pay
X-rays	100%	100%, after \$50 co-pay
Physician Office Visit and Preventive Care (except mental health) Preventive care and well baby care office visits according to schedule ³ and immunizations.	100%, after \$10 per visit	
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
Inpatient Hospital Deductible/Co-pay	\$200 per admission; maximum one deductible per calendar quarter per person	\$750 per admission; maximum one deductible per calendar quarter per person
Outpatient Surgery Deductible/Co-pay	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$250 per occurrence
Calendar Year Deductible Individual	\$0	\$0
Family	\$0	\$0
Prescription Drug Co-Pay ⁴ Network Pharmacy – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs ⁵ using an Express Scripts, Inc. network pharmacy and your prescription drug card.	
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$70 non-preferred brand name drugs ⁵	
Inpatient and Intermediate Mental Health and Substance Abuse Care	See page 20	
Outpatient Mental Health and Substance Abuse Care	See page 20	

¹ Benefits subject to reasonable and customary charges. Members may be responsible for a portion of the total charge.

² Hospitals are grouped by pediatrics, obstetrics and adult medical/surgical services. Hospital Level I: high quality/high efficiency, Level II: high quality/standard efficiency and standard quality/high efficiency, Level III: standard quality/standard efficiency.



RMTs and EGRs are not eligible for these three plans

For more information about plan designs, call the plan or visit its website.



NAVIGATOR PPO BY TUFTS HEALTH PLAN

HARVARD PILGRIM POS			NAVIGATOR PPO BY TUFTS HEALTH PLAN		
In-Network		Out-of-Network ¹	In-Network		Out-of-Network ¹
Harvard Pilgrim Health Care			Tufts Health Plan		
1.800.542.1499			1.800.870.9488		
www.harvardpilgrim.org			www.tuftshealthplan.com/gic		
100%, after hospital co-pay	80%	After calendar year deductible, \$3,000 out-of-pocket max. per person	100%, after hospital co-pay based on specialty and level ²	80%	After calendar year deductible, \$3,000 out-of-pocket max. per person
100%	80%		100%	80%	
100%, after \$50 co-pay (waived if admitted)			100%, after \$50 co-pay (waived if admitted)		
100%	80%	After calendar year deductible, \$3,000 out-of-pocket maximum per person	100%	80%	After calendar year deductible, \$3,000 out-of-pocket maximum per person
after outpatient surgery deductible/co-pay			after outpatient surgery deductible/co-pay		
100%	80%		100%	80%	
100%	80%		100%	80%	
100%, after \$15 per visit. No co-pay after 15th calendar year visit per person	80%		100%, after \$15 per visit No co-pay after 15th calendar year visit per person	80%	
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.					
\$400 per admission; maximum one co-pay per calendar quarter per person	Not applicable		\$150 Level I, \$300 Level II, \$500 Level III per admission ² ; maximum one co-pay per calendar quarter per person	Not applicable	
\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable		\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable	
\$0	Medical	MH & SA	\$0	\$150	
\$0	\$150	\$150	\$0	\$300	
\$10 generic, \$20 brand name, \$40 brand name non-select drugs using a Harvard Pilgrim Health Care network pharmacy and your Harvard Plan ID card.			\$10 generic, \$20 brand name, \$35 non-preferred brand name drugs using a Tufts Health Plan network pharmacy and your Tufts ID card.		
\$20 generic, \$40 brand-name select, \$80 brand name non-select drugs			\$20 generic, \$40 brand name, \$70 non-preferred brand name drugs		
100%, after \$200 per admission; maximum one co-pay per calendar quarter per person	80%, after \$150 per admission		See page 20		
Visits 1-4: 100%; Visits 5 & over: 100% after \$15 per individual visit or \$10 per group visit	Visits 1-15: 80% Visits 16 and over: 50%		See page 20		


³ Contact the health plan for the schedule.

⁴ Contact the plan to find out how a specific drug is categorized.

⁵ Additional charges may apply. See page 21 for details on Express Scripts benefits.

Benefits-at-a-Glance: Non-Medicare HMOs

This chart is a comparative overview of HMO benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.


BENEFITS	FALLON COMMUNITY HEALTH PLAN  DIRECT CARE		FALLON COMMUNITY HEALTH PLAN SELECT CARE
	TELEPHONE NUMBERS		1.800.868.5200
WEBSITES	www.fchp.org		www.fchp.org
Inpatient Hospital Care Inpatient hospital room, board, surgery and special services	100%, after \$200 co-pay per admission		100%, after \$250 co-pay per admission
	Maximum of four co-pays annually per person. Administration of co-pay maximums differs among plans. Call plans for details.		
Outpatient Surgery	100%, after \$50 co-pay per occurrence.		100%, after \$75 co-pay per occurrence.
	Maximum of four co-pays annually per person. Administration of co-pay maximums differs among plans. Call plans for details.		
Diagnostic Laboratory Tests	100%		
Diagnostic Imaging (e.g., X-rays, CT scans, MRIs)	100%		
Hospice Care	100%		
Emergency Room Care (Includes out-of-network)	100% after \$75 co-pay per visit for all plans (waived if admitted)		
Physician Care <i>Primary Care Physician Office Visits</i> <i>Specialist Physician Office Visits</i> <i>Preventive Care Office Visits according to schedule¹ and immunizations.</i>	100%, after \$10 per visit 100%, after \$15 per visit Adult: 100%, after \$10 per visit Child: 100%		100%, after \$15 per visit 100%, after \$20 per visit Adult: 100%, after \$15 per visit Child: 100%, after \$5 per visit
	100%, after \$150 per individual; \$250 per family		100%, after \$225 per individual; \$375 per family
	Administration of visit co-pay maximums differs among plans. Call plans for details.		
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
Prescription Drug Co-pays⁴ <i>Network Pharmacy</i> Up to a 30-day supply	\$5 tier I \$20 tier II \$60 tier III		\$5 tier I \$20 tier II \$60 tier III
<i>Mail Order</i> Maintenance drugs up to a 90-day supply	\$10 tier I \$40 tier II \$180 tier III		\$10 tier I \$40 tier II \$180 tier III
Intermediate and Inpatient Mental Health and Substance Abuse Care	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.		
Outpatient Mental Health and Substance Abuse Care	100%, after \$10 per visit 100%, after 15th visit annually per individual, 25th visit annually per family. Administration of visit co-pay maximums differs among plans. Call plans for details.		100%, after \$15 per visit

¹ Contact the health plan for the schedule.

² Hospitals and diagnostic imaging facilities grouped primarily by cost. Contact Health New England to find out a specific facility's tier.

³ Applies to CT scans, MRIs, MRAs and PET scans. Does not apply to X-rays. Maximum of four co-pays annually per person.

⁴ Contact the individual plan to find out how a specific drug is categorized.

HEALTH NEW ENGLAND	NEIGHBORHOOD HEALTH PLAN
 1.800.842.4464 www.hne.com	1.800.433.5556 www.nhp.org
100%, after \$200 co-pay Tier 1; \$400 co-pay Tier 2 per admission ²	100%, after \$200 co-pay per admission
Maximum of four co-pays annually per person. Administration of co-pay maximums differs among plans. Call plans for details.	
100%, after \$75 co-pay per occurrence.	
Maximum of four co-pays annually per person. Administration of co-pay maximums differs among plans. Call plans for details.	
100%	100%
100%, Tier 1 diagnostic imaging facilities; 100%, after \$100 co-pay Tier 2 diagnostic imaging facilities ^{2, 3}	100%
100%	
100% after \$50 co-pay per visit for all plans (<i>waived if admitted</i>)	
100%, after \$15 per visit	
100% after 15th visit annually per individual, 25th visit annually per family.	
Administration of visit co-pay maximums differs among plans. Call plans for details.	
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
\$10 generic \$20 brand name formulary \$40 brand name non-formulary	\$10 generic \$20 preferred brand name \$40 non-preferred brand name
\$20 generic \$40 brand name formulary \$120 brand name non-formulary	\$20 generic \$40 preferred brand name \$120 non-preferred brand name
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.	
100%, after \$15 per visit	
100%, after 15th visit annually per individual, 25th visit annually per family. Administration of visit co-pay maximums differs among plans. Call plans for details.	

For more information about a specific plan's benefits or providers, call the plan or visit its website.

Life insurance, provided by UnumProvident, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiary(ies).

Retired Municipal Teachers (RMTs) are eligible for basic life insurance only, in an amount determined by the city or town from which they retire. *See page 9 for details.*



Survivors, Elderly Governmental Retirees (EGRs), and COBRA enrollees are not eligible for basic or optional life insurance.

Basic Life Insurance

(Retired State Employees and RMTs)

The Commonwealth provides Basic Life Insurance for most retirees.

Optional Life Insurance After Retirement

(Retired State Employees Only)

At retirement, you should review the amount of your optional life insurance coverage and its cost to determine whether it makes economic sense for you to maintain it. Optional life insurance rates increase when you retire and continue to increase based on your age. If you have paid off your home and student loans, your tax advisor may recommend against optional life insurance in favor of a savings vehicle. You cannot increase your amount of life insurance after you retire. However, if you decrease coverage and then later want to increase up to the amount you carried as an active employee, you may do so with proof of good health acceptable to UnumProvident.

Optional Life Insurance Non-Smoker Benefit

(Retired State Employees Only)

During annual enrollment, retired state employees who have been tobacco-free (have not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months are eligible for reduced optional life insurance rates effective July 1, 2005. Request an enrollment form by writing to the GIC. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates.

Accelerated Life Benefit

(Retired State Employees and RMTs)

This benefit provision allows an insured to elect an advance payment of up to 75% of his or her life insurance death benefits if he or she has been diagnosed with a terminal illness. Insured employees are

eligible for this benefit if the attending physician provides satisfactory evidence that the insured has a life expectancy of 12 months or less. The remaining balance is paid to the beneficiary at death. You must continue to pay the required monthly premium.

Accidental Death and Dismemberment Benefits

(Retired State Employees and RMTs)

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Paralysis
- Brain Damage
- Air Bag and Seat Belt benefits for loss of life in a car accident

Retired Municipal Teachers with Basic Life Insurance of \$1,000 do not have Accidental Death and Dismemberment benefits.

Life Insurance Questions?

Contact the GIC

1.617.727.2310 ext. 1

www.mass.gov/gic



LifeBalance®

All GIC enrollees have access to UnumProvident's LifeBalance® program.

LifeBalance® is a one-stop resource that offers consultation, information, and personalized community referrals 24 hours a day, 7 days a week for you and your family members. You receive telephone and on-line access to assistance for such issues as stress, grief, marital concerns, home repairs, nutrition, legal matters, senior care options, Medicare information, and financial issues. Additionally, you have access to up to three face-to-face counseling sessions per year.

LifeBalance® Questions?

Contact LifeBalance®: 1.800.854.1446

www.lifebalance.net

(ID and password: lifebalance)

Retiree Dental, Vision & Buy-Out Option

GIC Retiree Dental Plan

Altus Dental Insurance Co., Inc. administers the GIC Retiree Dental Plan. The plan offers a fixed reimbursement for dental services, such as examinations, cleanings, fillings, crowns and dentures. As a member of this plan, you may go to the dentist of your choice. However, you will save money by visiting a participating provider. Over 1,400 Massachusetts and 400 Rhode Island dentists participate in the plan. *(If you live outside of this area and are a member of the plan, there is a nationwide network of providers that offers discounted rates.)* When you visit a participating provider, your out-of-pocket expenses will generally be lower and Altus will pay the provider directly. If you go to a non-participating dentist, Altus will reimburse you according to the scheduled allowance.

This is an entirely voluntary plan (*retiree-pay-all*) that provides GIC members with coverage at discounted group insurance rates through convenient pension deductions.

FY06 Benefit Enhancements

Reimbursement levels have again been increased effective July 1, 2005, thereby reducing enrollees' potential out-of-pocket expenses.

Retiree Dental Questions?
Contact Altus Dental
1.800.722.1148
www.altusdental.com

The following are examples of the reimbursements you would receive for dental procedures, reflecting increased allowances, effective July 1, 2005:

Maximum Annual Benefit of \$850 per Member Effective July 1, 2005	
Procedure Description	Allowance
Adult Cleaning	\$75
Complete X-Ray Series	\$94
Three-surface Silver Filling	\$78
Porcelain Crown <i>(coverage after 6 months of participation)</i>	\$385
Complete Upper Denture <i>(coverage after 6 months of participation)</i>	\$374

Enrollment

All GIC retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), and survivors may join during annual enrollment, when COBRA dental coverage ends, or at retirement. However, if you drop coverage after joining, you can never re-enroll in the plan. Participants will be eligible for Type III Dental Services (*major restorative treatment like crowns or dentures*) after six months of participation.

GIC Retiree Vision Discount Program

The GIC Retiree Vision Discount Program, provided by Davis Vision, offers considerable savings on a number of vision services and products. The program is available at any of the over 17,500 participating Davis Vision providers throughout the United States. However, you must call Davis Vision before visiting the office in order to participate. The program provides significant discounts on eye examinations, frames, spectacle lenses, and contact lenses. In addition, all eyeglasses purchased through the Retiree Vision Program are covered by a two-year unconditional warranty against breakage at no additional cost.

Retiree Vision Questions?

Contact Davis Vision

1.800.783.3594

www.davisvision.com (control code: 7621)

Health Insurance Buy-Out Option

This is a great year to consider the buy-out option. More enrollees are now eligible. If you were insured with the GIC on January 1, 2005 or before and continue your coverage through June 30, 2005, you may buy out your health plan coverage during annual enrollment. You must have other non-state health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission.

Under the buy-out plan, eligible enrollees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. The amount of payment depends on your health plan and coverage.

Buy-Out Questions?

Contact the GIC

617.727.2310

www.mass.gov/gic

For example:

State Retiree with Commonwealth Indemnity
Medicare Extension (OME) individual coverage

Full-cost premium on July 1, 2005: \$320.44

Monthly 12-month benefit = 25% of this premium

Retiree receives monthly check of \$60.08
(after federal and state tax deduction)

Need More Help?

Audio Tape For Visually Impaired

If you know of an individual who is visually impaired, please recommend that he or she call the Group Insurance Commission for a *Benefit Decision Guide* audio tape: **617.727.2310, ext. 1**

Inscripción Anual

La inscripción anual tendrá lugar a partir del 11 de Abril hasta el 13 de Mayo del 2005. Durante dicho período, usted como (*empleado o jubilado del estado*) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de Julio del 2005. Para obtener más información, sírvase llamar a Group Insurance Commission (*Comisión de Seguros de Grupo*) al **617.727.2310**, extensión 1. Hay empleados que hablan Español que le ayudarán.

年度登記

年度登記在2005年4月11日開始，於5月13日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2005年7月1日生效。如有問題，請打電話給Group Insurance Commission。電話號碼是 617.727.2310，轉分機 1。

Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 11 tháng Tư và chấm dứt vào ngày 13 tháng Năm, 2005. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2005. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 1.



Our Website Provides Additional Helpful Information

www.mass.gov/gic

See our website for:

- The latest annual enrollment news
- Forms to expedite your annual enrollment decisions
- Directions to and the schedule of the GIC health fairs
- GIC Publications - including our *For Your Benefit* newsletter, *Health Plan & Hospital Report Card* and the *Benefit Decision Guides*
- Information about and links to all GIC plans
- Answers to common GIC questions
- Health articles and links to help you take charge of your health, including a hospital research tool (*password: quality*)

For More Information, Attend A GIC Health Fair

APRIL 2005

12 TUESDAY 11:00-3:00

Bristol Community College
Commonwealth Center-Atrium Area
777 Elsbree Street
FALL RIVER, MA

14 THURSDAY 1:00-4:00

Holyoke Community College
Bartley Center, 303 Homestead Avenue
HOLYOKE, MA

15 FRIDAY 11:00-2:00

Berkshire Community College
Patterson Field House
1350 West Street
PITTSFIELD, MA

19 TUESDAY 11:00-3:00

Wrentham Developmental Center
Graves Auditorium
Littlefield Street
WRENTHAM, MA

20 WEDNESDAY 9:00-3:00

McCormack State Office Building
One Ashburton Place-21st Floor
BOSTON, MA

21 THURSDAY 11:00-3:00

Middlesex Community College
Campus Center-Building 8
Springs Road
BEDFORD, MA

22 FRIDAY 11:00-3:00

Quinsigamond Community College
Library/Learning Center-Room 109
670 West Boylston Street
WORCESTER, MA

23 SATURDAY 11:00-3:00

Mass Maritime Academy
Baystate Conference Center-Cafeteria
Academy Drive
BUZZARDS BAY, MA

25 MONDAY 10:00-3:00

U-Mass Amherst
Student Union Ballroom
AMHERST, MA

26 TUESDAY 10:00-3:00

Hampden County Sheriff's Department
Hampden County Correctional Center
627 Randall Road
LUDLOW, MA

27 WEDNESDAY 11:00-3:00

Northshore Community College
Health Professions and Science Building
One Ferncroft Road
DANVERS, MA

28 THURSDAY 10:00-3:00

State House, Great Hall-2nd Floor
Beacon Street
BOSTON, MA

29 FRIDAY 11:00-3:00

Mt. Wachusett Community College
Commons Area, 444 Green Street
GARDNER, MA

30 SATURDAY 11:00-3:00

State Lottery Commission
1st Floor Conference Room
60 Columbian Street
BRAINTREE, MA

MAY 2005

4 WEDNESDAY 11:00-3:00

Northern Essex Community College
Haverhill Campus
Bentley Library Conference Area
Elliott Way
HAVERHILL, MA

6 FRIDAY 11:00-3:00

Chelsea Soldier's Home
Quigley Dining Room, 91 Crest Avenue
CHELSEA, MA

9 MONDAY 11:00-4:00

State Transportation Building
Conference Rooms 1, 2 & 3
10 Park Plaza
BOSTON, MA



**Commonwealth of Massachusetts
Group Insurance Commission**

For More Information, Contact the Plans

For more information about specific plan benefits, contact the individual plan.
Be sure to indicate you are a GIC insured.

Health Insurance

 Commonwealth Indemnity Community Choice Plan Commonwealth Indemnity Plan PLUS (UNICARE)	1.800.442.9300	www.unicare-cip.com
Commonwealth Indemnity Medicare Extension (OME) Plan Commonwealth Indemnity Plan	1.800.442.9300	www.unicare-cip.com
Commonwealth Indemnity Plans' Prescription Drugs (Express Scripts)	1.877.828.9744	www.express-scripts.com
Commonwealth Indemnity Plans' and Navigator by Tufts Health Plan's Mental Health-Substance Abuse and EAP (United Behavioral Health)	1.888.610.9039	www.liveandworkwell.com (access code 10910)
 Navigator by Tufts Health Plan	1.800.870.9488	www.tuftshealthplan.com/gic
 Fallon Community Health Plan		
Direct Care Select Care Senior Plan	1.800.868.5200	www.fchp.org
Harvard Pilgrim Health Care POS First Seniority	1.800.542.1499 1.800.779.7723	www.harvardpilgrim.org
Health New England  HMO MedRate	1.800.842.4464	www.hne.com
Neighborhood Health Plan	1.800.433.5556	www.nhp.org
Tufts Health Plan Medicare Complement Secure Horizons	1.800.870.9488 1.800.867.2000	www.tuftshealthplan.com

Other Benefits

Life/AD&D Insurance (UnumProvident) – contact the GIC	1.617.727.2310 ext. 1	www.mass.gov/gic
GIC Retiree Vision Discount Program (Davis Vision)	1.800.783.3594	www.davisvision.com (control code: 7621)
GIC Retiree Dental Plan (Altus Dental)	1.800.722.1148	www.altusdental.com
LifeBalance®	1.800.854.1446	www.lifebalance.net (ID and password: lifebalance)

Additional Resources

Social Security Administration	1.800.772.1213	www.ssa.gov
Medicare	1.800.633.4227	www.medicare.gov
State Retirement Board	1.617.367.7770	www.mass.gov/treasury/srb.htm

OTHER QUESTIONS? Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583 www.mass.gov/gic

39-Week Layoff Coverage – allows laid-off state insureds to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

Case Management – a process that focuses on coordinating a number of services needed by patients with complex medical conditions. It includes an objective assessment of a patient's needs and develops an individualized care plan, within the scope of benefits, that is based on the needs assessment and is goal oriented. Patients' families may be involved as well. The goal is to provide the best possible management of care.

CIC (Catastrophic Illness Coverage) – an optional part of the Commonwealth Indemnity Plan. CIC increases the benefits for most covered services to 100%, subject to deductibles and co-payments. It is an enrollee-pay-all benefit. Enrollees without CIC pay higher deductibles and receive only 80% coverage for some services. Over 99% of current Indemnity Plan members select CIC.

COBRA – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life events. Premiums cost 102% of the full-cost group premium.

Deferred Retirement – an option to maintain group life and health coverage for insureds who leave state service and are eligible for a pension, but are not yet receiving a pension.

EGR (Elderly Governmental Retiree) – a state employee who retired from state service prior to January 1, 1956. EGRs also include certain municipal employees who retired prior to the date their city or town elected to provide health insurance benefits to their employees/retirees and whose municipality has elected to participate in the EGR program.

GIC (Group Insurance Commission) – a quasi-independent state agency governed by an 11-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, and retired municipal employees and teachers in certain cities and towns.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits.

HIPAA (The Health Insurance Portability and Accountability Act of 1996) – the Federal law protects employees' and their families' health insurance coverage when they change or lose their jobs. It also requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. The law also addresses the security and privacy of health data.

Networks – groups of doctors, hospitals and other health care providers who contract with a benefit plan. Members treated by network providers receive the maximum level of benefits if they are in a plan that offers network and non-network coverage.

PCP (Primary Care Physician) – the doctor you select within an HMO or POS plan to provide and coordinate your health care.

POS (Point of Service) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A POS plan requires the selection of a Primary Care Physician.

PPO (Preferred Provider Organization) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.

RMT (Retired Municipal Teacher) – a retired teacher from a city, town or school district who is receiving a pension from the Teacher's Retirement Board and whose municipality has elected to participate in the RMT program.

Utilization Review – a health plan's process of reviewing the appropriateness and quality of care provided to patients. It may be done before, at the same time, or after the services are rendered.

COMMONWEALTH OF MASSACHUSETTS

Mitt Romney, Governor
Kerry Healey, Lieutenant Governor

Group Insurance Commission
Dolores L. Mitchell, *Executive Director*
19 Staniford Street, 4th floor
Boston, Massachusetts

Telephone: 617.727.2310

TDD/TTY: 617.227.8583

Mailing Address

Group Insurance Commission
P.O. Box 8747
Boston, MA 02114-8747

Website

www.mass.gov/gic

Commissioners

Robert W. Hungate, *Chair*

Richard Waring (NAGE), *Vice Chair*

Suzanne Bailey, *Designee for Julianne Bowler,*
Commissioner of Insurance

Theron R. Bradley

Stephen B. Chandler (*Local 254, S.E.I.U.,*
AFL-CIO)

Alfred A. Fondacaro, Jr., *Retired State*
Employee

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AFL-CIO)

Thomas A. Shields

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Commonwealth of Massachusetts
Group Insurance Commission

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